

RECEIVED
CENTRAL FAX CENTER

DEC 07 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: ITO et al.

Serial No.: 10/780,893

Filed: Feb. 19, 2004

Title: INSERT AND ELECTRONIC
COMPONENT HANDLING
APPARATUS COMPRISING THE
SAME

Atty. Dkt.: 24-012-TB

Art Unit: 2839

Examiner: Chandrika PRASAD

Mail Stop: Office of Initial Patent Examination
Filing Receipt Corrections
Commissioner for Patents
Alexandria, VA 22314

Date: December 7, 2005

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on December 7, 2005.

Typed Name: DAVID G. POSZ

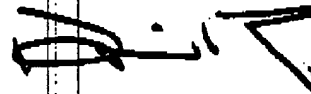
Signature: **REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

Please correct the filing receipt (copy to follow with indicated corrections) for the above-referenced patent application, and generate a corrected filing receipt. Copies of as-filed Form PTO/SB/05 and declarations are attached herewith for your references.

Please charge any unforeseen fees that may be due to Deposit Account No. 50-1147.

Respectfully submitted,

David G. Posz
Reg. No. 37,701DGP/yfm
Posz Law Group, PLC
12040 South Lakes Drive, Suite 101
Reston, VA 20191
Phone 703-707-9110
Fax 703-707-9112
Customer No. 23400

BEST AVAILABLE COPY



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/780,893	02/19/2004	2838	1050	24-012-TB	18	12	2

23400
POSZ & BETHARDS, PLC
11250 ROGER BACON DRIVE
SUITE 10
RESTON, VA 20190

CONFIRMATION NO. 9069

UPDATED FILING RECEIPT

OC000000014302732

Date Mailed: 11/05/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Akihiko Ito, Tokyo, JAPAN;
Hiroto Nakamura, Tokyo, JAPAN;

Power of Attorney: None

Domestic Priority data as claimed by applicant

Foreign Applications

JAPAN 2001-252166 08/22/2001

~~JAPAN PCT/JP02/08978 08/20/2002~~

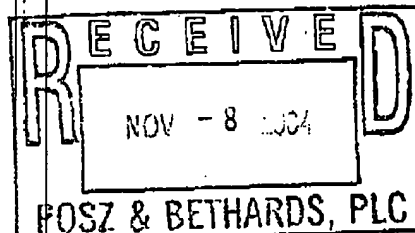
If Required, Foreign Filing License Granted: 05/12/2004

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/780,893**


Projected Publication Date: 02/17/2005

Non-Publication Request: No

Early Publication Request: No

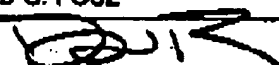


BEST AVAILABLE COPY

Please type a plus sign (+) inside this box 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

App: PTO/89/08 (4/98)
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
for use through 09/30/2000, OMB 0861-0132

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 24-012-TB																	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		First Inventor or Application Identifier ITO et al.																	
		Title INSERT AND ELECTRONIC COMPONENT HANDLING APPARATUS COMPRISING THE SAME																	
		Express Mail Label No.																	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Arlington, VA 22202																	
1. <input type="checkbox"/> * Fee Transmittal Form (e.g., PTO/89/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 33] -Descriptive title of the invention -Cross Reference to Related Applications -Background of the invention -Summary of the invention -Brief Description of the Drawings -Detailed Description of the Preferred Embodiment -Claims -Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 18] 4. Oath or Declaration [Total Sheets <input type="checkbox"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).		5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 603) (should be specifically itemized) *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PROSBCE-12) 13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 14. <input type="checkbox"/> Other: 15. <input type="checkbox"/> Other:																	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. PCT/JP02/08378 Prior application information: Examiner _____ Group/Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																			
17. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 23400 or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone (703) 707-9110</td> <td>Fax</td> <td>(703) 707-9112</td> </tr> </table>				Name				Address				City	State	Zip Code		Country	Telephone (703) 707-9110	Fax	(703) 707-9112
Name																			
Address																			
City	State	Zip Code																	
Country	Telephone (703) 707-9110	Fax	(703) 707-9112																
Name (Print/type) DAVID G. POSZ		Registration No. (Attorney/Agent) 37,701																	
Signature 		Date February 19, 2004																	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Arlington, VA 22202. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Alexandria, VA 22315-1450.**

 s/n 10/825,210
 BEST AVAILABLE COPY